

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 36
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Planned Parenthood Votes	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00489799 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on <div style="display: inline-block; margin-left: 10px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">DD</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">YYYY</div> </div> <div style="display: inline-block; margin-left: 10px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">09</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">08</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">2016</div> </div>	

Full Name of Payee Planned Parenthood Pennsylvania Advocates		Date of Public Distribution/Dissemination <div style="display: inline-block; margin-right: 10px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">DD</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">YYYY</div> </div> <div style="display: inline-block;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">09</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">06</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">2016</div> </div>	
Mailing Address 1514 North 2nd Street, Harrisburg,		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">937.50</div>	
City Harrisburg	State PA		
Purpose of Expenditure Events	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Transaction ID : B625134 Date of Disbursement or Obligation <div style="display: inline-block; margin-right: 10px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">DD</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">YYYY</div> </div> <div style="display: inline-block;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> </div>	
Name of Federal Candidate Hillary Clinton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>US</u>
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">782238.06</div>	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____	

Full Name of Payee Planned Parenthood Pennsylvania Advocates		Date of Public Distribution/Dissemination <div style="display: inline-block; margin-right: 10px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">DD</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">YYYY</div> </div> <div style="display: inline-block;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">09</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">06</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">2016</div> </div>	
Mailing Address 1514 North 2nd Street, Harrisburg,		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">1875.00</div>	
City Harrisburg	State PA		
Purpose of Expenditure Phone Calls	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Transaction ID : B625140 Date of Disbursement or Obligation <div style="display: inline-block; margin-right: 10px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">DD</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">YYYY</div> </div> <div style="display: inline-block;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> </div>	
Name of Federal Candidate Hillary Clinton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>US</u>
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">782238.06</div>	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">2812.50</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ►	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>
(c) TOTAL Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Deirdre Schifeling
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Date

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Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 2 OF 36
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Planned Parenthood Votes	FEC IDENTIFICATION NUMBER ▼ C C00489799
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 08 / 2016</div> </div>	

Full Name of Payee Planned Parenthood Pennsylvania Advocates		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 06 / 2016	
Mailing Address 1514 North 2nd Street, Harrisburg,		Amount 937.50	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : B625143
Purpose of Expenditure Consultant: strategy and messaging	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Hillary Clinton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
		782238.06	

Full Name of Payee Catalist LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 06 / 2016	
Mailing Address 1090 Vermont Ave./Ste. 300		Amount 325.58	
City Washington	State DC	Zip Code 20006	Transaction ID : B625148
Purpose of Expenditure Database Services	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Hillary Clinton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
		782238.06	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1263.08
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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09 / 15 / 2016

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 3 OF 36
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 09 / 08 / 2016	

Full Name of Payee Community Outreach Group LLC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 06 / 2016	
Mailing Address 1110 Vermont Ave N.W. #300		Amount 6418.07	
City Washington	State DC	Zip Code 20005	Transaction ID : B625153
Purpose of Expenditure Volunteer Recruitment		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y
Name of Federal Candidate Hillary Clinton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		782238.06	

Full Name of Payee Community Outreach Group LLC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 06 / 2016	
Mailing Address 1110 Vermont Ave N.W. #300		Amount 38508.42	
City Washington	State DC	Zip Code 20005	Transaction ID : B625157
Purpose of Expenditure Phone Calls		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y
Name of Federal Candidate Hillary Clinton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		782238.06	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	44926.49
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 09 / 08 / 2016	

Full Name of Payee Community Outreach Group LLC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 06 / 2016	
Mailing Address 1110 Vermont Ave N.W. #300		Amount 12836.14	
City Washington	State DC	Zip Code 20005	Transaction ID : B625163
Purpose of Expenditure Canvassing	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y	
Name of Federal Candidate Hillary Clinton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		782238.06	

Full Name of Payee Community Outreach Group LLC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 06 / 2016	
Mailing Address 1110 Vermont Ave N.W. #300		Amount 25672.28	
City Washington	State DC	Zip Code 20005	Transaction ID : B625165
Purpose of Expenditure Events	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y	
Name of Federal Candidate Hillary Clinton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		782238.06	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	38508.42
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M / D D / Y Y Y Y Y Y 09 / 08 / 2016	

Full Name of Payee Planned Parenthood Rocky Mountains Action Fund		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 06 / 2016	
Mailing Address 7155 E. 38th Avenue		Amount 1241.10	
City Denver	State CO	Zip Code 80207	Transaction ID : B625166
Purpose of Expenditure Events	Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y	
Name of Federal Candidate Hillary Clinton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		782238.06	

Full Name of Payee Planned Parenthood Rocky Mountains Action Fund		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 06 / 2016	
Mailing Address 7155 E. 38th Avenue		Amount 1861.66	
City Denver	State CO	Zip Code 80207	Transaction ID : B625169
Purpose of Expenditure Phone Calls	Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y	
Name of Federal Candidate Hillary Clinton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		782238.06	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	3102.76
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M / D D / Y Y Y Y Y Y 09 / 08 / 2016	

Full Name of Payee Planned Parenthood Rocky Mountains Action Fund		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 06 / 2016	
Mailing Address 7155 E. 38th Avenue		Amount 620.55	
City Denver	State CO	Zip Code 80207	Transaction ID : B625172
Purpose of Expenditure Canvassing	Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y	
Name of Federal Candidate Hillary Clinton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		782238.06	

Full Name of Payee Planned Parenthood Rocky Mountains Action Fund		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 06 / 2016	
Mailing Address 7155 E. 38th Avenue		Amount 310.27	
City Denver	State CO	Zip Code 80207	Transaction ID : B625177
Purpose of Expenditure Volunteer Recruitment	Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y	
Name of Federal Candidate Hillary Clinton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		782238.06	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	930.82
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 7 OF 36
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 09 / 08 / 2016	

Full Name of Payee Planned Parenthood Advocates Mar Monte		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 06 / 2016	
Mailing Address 1605 The Alameda		Amount 897.90	
City San Jose	State CA	Zip Code 95126	Transaction ID : B625179
Purpose of Expenditure Volunteer Recruitment	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y	
Name of Federal Candidate Hillary Clinton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		782238.06	

Full Name of Payee Planned Parenthood Advocates Mar Monte		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 06 / 2016	
Mailing Address 1605 The Alameda		Amount 748.25	
City San Jose	State CA	Zip Code 95126	Transaction ID : B625187
Purpose of Expenditure Phone Calls	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y	
Name of Federal Candidate Hillary Clinton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		782238.06	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1646.15
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M / D D / Y Y Y Y Y Y 09 / 08 / 2016	

Full Name of Payee Planned Parenthood Advocates Mar Monte		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 06 / 2016	
Mailing Address 1605 The Alameda		Amount 1346.85	
City San Jose	State CA	Zip Code 95126	Transaction ID : B625188
Purpose of Expenditure Canvassing	Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y	
Name of Federal Candidate Hillary Clinton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		782238.06	

Full Name of Payee Community Outreach Group LLC		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 06 / 2016	
Mailing Address 1110 Vermont Ave N.W. #300		Amount 85618.26	
City Washington	State DC	Zip Code 20005	Transaction ID : B625105
Purpose of Expenditure Canvassing	Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y	
Name of Federal Candidate Hillary Clinton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		782238.06	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	86965.11
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 09 / 08 / 2016	

Full Name of Payee Planned Parenthood Advocates of Ohio		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 06 / 2016	
Mailing Address 206 E State St.		Amount 3237.54	
City Columbus	State OH	Zip Code 43215	Transaction ID : B625109
Purpose of Expenditure Phone Calls	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y	
Name of Federal Candidate Hillary Clinton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		782238.06	

Full Name of Payee Planned Parenthood Advocates of Ohio		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 06 / 2016	
Mailing Address 206 E State St.		Amount 6475.07	
City Columbus	State OH	Zip Code 43215	Transaction ID : B625113
Purpose of Expenditure Canvassing	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y	
Name of Federal Candidate Hillary Clinton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		779801.00	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	9712.61
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Deirdre Schifeling

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09 / 15 / 2016

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 10 OF 36
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 09 / 08 / 2016	

Full Name of Payee Planned Parenthood Advocates of Ohio		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 06 / 2016	
Mailing Address 206 E State St.		Amount 4316.71	
City Columbus	State OH	Zip Code 43215	Transaction ID : B625118
Purpose of Expenditure Events	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y	
Name of Federal Candidate Hillary Clinton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		782238.06	

Full Name of Payee Community Outreach Group LLC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 06 / 2016	
Mailing Address 1110 Vermont Ave N.W. #300		Amount 100000.00	
City Washington	State DC	Zip Code 20005	Transaction ID : B625129
Purpose of Expenditure Canvassing	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y	
Name of Federal Candidate Hillary Clinton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		782238.06	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	104316.71
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Deirdre Schifeling

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M / D D / Y Y Y Y Y Y 09 / 08 / 2016	

Full Name of Payee Planned Parenthood Advocates Mar Monte		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 06 / 2016	
Mailing Address 1605 The Alameda		Amount 1346.85	
City San Jose	State CA	Zip Code 95126	Transaction ID : B625191
Purpose of Expenditure Canvassing	Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y	
Name of Federal Candidate Catherine Cortez-Masto		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		148161.03	

Full Name of Payee Planned Parenthood Rocky Mountains Action Fund		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 06 / 2016	
Mailing Address 7155 E. 38th Avenue		Amount 1861.67	
City Denver	State CO	Zip Code 80207	Transaction ID : B625168
Purpose of Expenditure Phone Calls	Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y	
Name of Federal Candidate Catherine Cortez-Masto		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		148161.03	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	3208.52
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 09 / 08 / 2016	

Full Name of Payee Planned Parenthood Advocates Mar Monte		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 06 / 2016	
Mailing Address 1605 The Alameda		Amount 897.90	
City San Jose	State CA	Zip Code 95126	Transaction ID : B625183
Purpose of Expenditure Volunteer Recruitment	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y	
Name of Federal Candidate Catherine Cortez-Masto		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		148161.03	

Full Name of Payee Planned Parenthood Advocates Mar Monte		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 06 / 2016	
Mailing Address 1605 The Alameda		Amount 748.25	
City San Jose	State CA	Zip Code 95126	Transaction ID : B625184
Purpose of Expenditure Phone Calls	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y	
Name of Federal Candidate Catherine Cortez-Masto		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		148161.03	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1646.15
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Deirdre Schifeling

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 13 OF 36
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Planned Parenthood Votes	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00489799 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on <div style="display: inline-block; text-align: center;"> <div style="border: 1px solid black; padding: 2px;">MM</div> / <div style="border: 1px solid black; padding: 2px;">DD</div> / <div style="border: 1px solid black; padding: 2px;">YYYY</div> </div> <div style="display: inline-block; text-align: center;"> <div style="border: 1px solid black; padding: 2px;">09</div> / <div style="border: 1px solid black; padding: 2px;">08</div> / <div style="border: 1px solid black; padding: 2px;">2016</div> </div>	

Full Name of Payee Planned Parenthood Rocky Mountains Action Fund		Date of Public Distribution/Dissemination <div style="display: inline-block; text-align: center;"> <div style="border: 1px solid black; padding: 2px;">MM</div> / <div style="border: 1px solid black; padding: 2px;">DD</div> / <div style="border: 1px solid black; padding: 2px;">YYYY</div> </div> <div style="display: inline-block; text-align: center;"> <div style="border: 1px solid black; padding: 2px;">09</div> / <div style="border: 1px solid black; padding: 2px;">06</div> / <div style="border: 1px solid black; padding: 2px;">2016</div> </div>	
Mailing Address 7155 E. 38th Avenue		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">620.56</div>	
City Denver	State CO		
Purpose of Expenditure Canvassing	Category/ Type	Transaction ID : B625174 Date of Disbursement or Obligation <div style="display: inline-block; text-align: center;"> <div style="border: 1px solid black; padding: 2px;">MM</div> / <div style="border: 1px solid black; padding: 2px;">DD</div> / <div style="border: 1px solid black; padding: 2px;">YYYY</div> </div>	
Name of Federal Candidate Catherine Cortez-Masto		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NV</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____	

Full Name of Payee Planned Parenthood Rocky Mountains Action Fund		Date of Public Distribution/Dissemination <div style="display: inline-block; text-align: center;"> <div style="border: 1px solid black; padding: 2px;">MM</div> / <div style="border: 1px solid black; padding: 2px;">DD</div> / <div style="border: 1px solid black; padding: 2px;">YYYY</div> </div> <div style="display: inline-block; text-align: center;"> <div style="border: 1px solid black; padding: 2px;">09</div> / <div style="border: 1px solid black; padding: 2px;">06</div> / <div style="border: 1px solid black; padding: 2px;">2016</div> </div>	
Mailing Address 7155 E. 38th Avenue		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">310.27</div>	
City Denver	State CO		
Purpose of Expenditure Volunteer Recruitment	Category/ Type	Transaction ID : B625175 Date of Disbursement or Obligation <div style="display: inline-block; text-align: center;"> <div style="border: 1px solid black; padding: 2px;">MM</div> / <div style="border: 1px solid black; padding: 2px;">DD</div> / <div style="border: 1px solid black; padding: 2px;">YYYY</div> </div>	
Name of Federal Candidate Catherine Cortez-Masto		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NV</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;">930.83</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Deirdre Schifeling

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 14 OF 36
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 09 / 08 / 2016	

Full Name of Payee Community Outreach Group LLC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 06 / 2016	
Mailing Address 1110 Vermont Ave N.W. #300		Amount 6418.07	
City Washington	State DC	Zip Code 20005	Transaction ID : B625152
Purpose of Expenditure Volunteer Recruitment	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y	
Name of Federal Candidate Catherine Cortez-Masto		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		148161.03	

Full Name of Payee Community Outreach Group LLC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 06 / 2016	
Mailing Address 1110 Vermont Ave N.W. #300		Amount 12836.14	
City Washington	State DC	Zip Code 20005	Transaction ID : B625162
Purpose of Expenditure Canvassing	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y	
Name of Federal Candidate Catherine Cortez-Masto		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		148161.03	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	19254.21
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Deirdre Schifeling

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09 / 15 / 2016

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 15 OF 36
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 09 / 08 / 2016	

Full Name of Payee Community Outreach Group LLC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 06 / 2016	
Mailing Address 1110 Vermont Ave N.W. #300		Amount 38508.42	
City Washington	State DC	Zip Code 20005	Transaction ID : B625159
Purpose of Expenditure Phone Calls	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y	
Name of Federal Candidate Catherine Cortez-Masto		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		148161.03	

Full Name of Payee Catalist LLC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 06 / 2016	
Mailing Address 1090 Vermont Ave./Ste. 300		Amount 325.58	
City Washington	State DC	Zip Code 20006	Transaction ID : B625146
Purpose of Expenditure Database Services	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y	
Name of Federal Candidate Catherine Cortez-Masto		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		148161.03	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	38834.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Deirdre Schifeling

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09 / 15 / 2016

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 16 OF 36
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 09 / 08 / 2016	

Full Name of Payee Community Outreach Group LLC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 06 / 2016	
Mailing Address 1110 Vermont Ave N.W. #300		Amount 6418.07	
City Washington	State DC	Zip Code 20005	Transaction ID : B625151
Purpose of Expenditure Volunteer Recruitment	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y	
Name of Federal Candidate Joseph Heck		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
		200968.40	

Full Name of Payee Catalist LLC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 06 / 2016	
Mailing Address 1090 Vermont Ave./Ste. 300		Amount 325.58	
City Washington	State DC	Zip Code 20006	Transaction ID : B625145
Purpose of Expenditure Database Services	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y	
Name of Federal Candidate Joseph Heck		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
		200968.40	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	6743.65
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Deirdre Schifeling

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 17 OF 36
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NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 09 / 08 / 2016	

Full Name of Payee Community Outreach Group LLC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 06 / 2016	
Mailing Address 1110 Vermont Ave N.W. #300		Amount 38508.42	
City Washington	State DC	Zip Code 20005	Transaction ID : B625160
Purpose of Expenditure Phone Calls	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y	
Name of Federal Candidate Joseph Heck		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		200968.40	

Full Name of Payee Community Outreach Group LLC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 06 / 2016	
Mailing Address 1110 Vermont Ave N.W. #300		Amount 12836.14	
City Washington	State DC	Zip Code 20005	Transaction ID : B625161
Purpose of Expenditure Canvassing	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y	
Name of Federal Candidate Joseph Heck		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		200968.40	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	51344.56
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Deirdre Schifeling

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09 / 15 / 2016

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M / D D / Y Y Y Y Y Y 09 / 08 / 2016	

Full Name of Payee Planned Parenthood Rocky Mountains Action Fund		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 06 / 2016	
Mailing Address 7155 E. 38th Avenue		Amount 310.27	
City Denver	State CO	Zip Code 80207	Transaction ID : B625176
Purpose of Expenditure Volunteer Recruitment	Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y	
Name of Federal Candidate Joseph Heck		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		200968.40	

Full Name of Payee Planned Parenthood Rocky Mountains Action Fund		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 06 / 2016	
Mailing Address 7155 E. 38th Avenue		Amount 620.55	
City Denver	State CO	Zip Code 80207	Transaction ID : B625173
Purpose of Expenditure Canvassing	Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y	
Name of Federal Candidate Joseph Heck		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		200968.40	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	930.82
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Deirdre Schifeling

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 09 / 08 / 2016	

Full Name of Payee Planned Parenthood Rocky Mountains Action Fund		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 06 / 2016	
Mailing Address 7155 E. 38th Avenue		Amount 1861.66	
City Denver	State CO	Zip Code 80207	Transaction ID : B625167
Purpose of Expenditure Phone Calls	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y	
Name of Federal Candidate Joseph Heck		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		200968.40	

Full Name of Payee Planned Parenthood Advocates Mar Monte		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 06 / 2016	
Mailing Address 1605 The Alameda		Amount 748.25	
City San Jose	State CA	Zip Code 95126	Transaction ID : B625185
Purpose of Expenditure Phone Calls	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y	
Name of Federal Candidate Joseph Heck		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		200968.40	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2609.91
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 09 / 08 / 2016	

Full Name of Payee Planned Parenthood Advocates Mar Monte		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 06 / 2016	
Mailing Address 1605 The Alameda		Amount 897.90	
City San Jose	State CA	Zip Code 95126	Transaction ID : B625182
Purpose of Expenditure Volunteer Recruitment		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y
Name of Federal Candidate Joseph Heck		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		200968.40	

Full Name of Payee Planned Parenthood Advocates Mar Monte		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 06 / 2016	
Mailing Address 1605 The Alameda		Amount 1346.85	
City San Jose	State CA	Zip Code 95126	Transaction ID : B625190
Purpose of Expenditure Canvassing		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y
Name of Federal Candidate Joseph Heck		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		200968.40	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2244.75
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 09 / 08 / 2016	

Full Name of Payee Community Outreach Group LLC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 06 / 2016	
Mailing Address 1110 Vermont Ave N.W. #300		Amount 10000.00	
City Washington	State DC	Zip Code 20005	Transaction ID : B625130
Purpose of Expenditure Canvassing	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y	
Name of Federal Candidate Katie McGinty		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		199232.67	

Full Name of Payee Planned Parenthood Pennsylvania Advocates		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 06 / 2016	
Mailing Address 1514 North 2nd Street, Harrisburg,		Amount 937.50	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : B625192
Purpose of Expenditure Consultant: strategy and messaging	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y	
Name of Federal Candidate Katie McGinty		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		199232.67	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	100937.50
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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NAME OF COMMITTEE (In Full) Planned Parenthood Votes	FEC IDENTIFICATION NUMBER ▼ C C00489799
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 08 / 2016</div> </div>	

Full Name of Payee Planned Parenthood Pennsylvania Advocates			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 06 / 2016	
Mailing Address 1514 North 2nd Street, Harrisburg,			Amount 1875.00	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : B625139	
Purpose of Expenditure Phone Calls		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Katie McGinty		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA	
Calendar Year-To-Date Per Election for Office Sought		199232.67	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Planned Parenthood Pennsylvania Advocates			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 06 / 2016	
Mailing Address 1514 North 2nd Street, Harrisburg,			Amount 937.50	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : B625135	
Purpose of Expenditure Events		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Katie McGinty		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA	
Calendar Year-To-Date Per Election for Office Sought		199232.67	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	2812.50
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 09 / 08 / 2016	

Full Name of Payee Planned Parenthood Advocates of Ohio		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 06 / 2016	
Mailing Address 206 E State St.		Amount 6475.07	
City Columbus	State OH	Zip Code 43215	Transaction ID : B625117
Purpose of Expenditure Canvassing	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y	
Name of Federal Candidate Rob Portman		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		400789.68	

Full Name of Payee Community Outreach Group LLC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 06 / 2016	
Mailing Address 1110 Vermont Ave N.W. #300		Amount 85618.25	
City Washington	State DC	Zip Code 20005	Transaction ID : B625107
Purpose of Expenditure Canvassing	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y	
Name of Federal Candidate Rob Portman		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		403226.74	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	92093.32
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 09 / 08 / 2016	

Full Name of Payee Planned Parenthood Advocates of Ohio		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 06 / 2016	
Mailing Address 206 E State St.		Amount 3237.54	
City Columbus	State OH	Zip Code 43215	Transaction ID : B625112
Purpose of Expenditure Phone Calls	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y	
Name of Federal Candidate Rob Portman		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		403226.74	

Full Name of Payee Planned Parenthood Advocates of Ohio		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 06 / 2016	
Mailing Address 206 E State St.		Amount 3237.53	
City Columbus	State OH	Zip Code 43215	Transaction ID : B625111
Purpose of Expenditure Phone Calls	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y	
Name of Federal Candidate Ted Strickland		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		400012.74	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	6475.07
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 09 / 08 / 2016	

Full Name of Payee Planned Parenthood Advocates of Ohio		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 06 / 2016	
Mailing Address 206 E State St.		Amount 6475.07	
City Columbus	State OH	Zip Code 43215	Transaction ID : B625116
Purpose of Expenditure Canvassing	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y	
Name of Federal Candidate Ted Strickland		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		397575.68	

Full Name of Payee Community Outreach Group LLC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 06 / 2016	
Mailing Address 1110 Vermont Ave N.W. #300		Amount 85618.26	
City Washington	State DC	Zip Code 20005	Transaction ID : B625106
Purpose of Expenditure Canvassing	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y	
Name of Federal Candidate Ted Strickland		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		400012.74	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	92093.33
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 09 / 08 / 2016	

Full Name of Payee Community Outreach Group LLC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 06 / 2016	
Mailing Address 1110 Vermont Ave N.W. #300		Amount 100000.00	
City Washington	State DC	Zip Code 20005	Transaction ID : B625131
Purpose of Expenditure Canvassing	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y	
Name of Federal Candidate Pat Toomey		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		1910272.56	

Full Name of Payee Planned Parenthood Pennsylvania Advocates		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 06 / 2016	
Mailing Address 1514 North 2nd Street, Harrisburg,		Amount 937.50	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : B625136
Purpose of Expenditure Events	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y	
Name of Federal Candidate Pat Toomey		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		1910272.56	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	100937.50
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 09 / 08 / 2016	

Full Name of Payee Planned Parenthood Pennsylvania Advocates		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 06 / 2016	
Mailing Address 1514 North 2nd Street, Harrisburg,		Amount 1875.00	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : B625138
Purpose of Expenditure Phone Calls	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y	
Name of Federal Candidate Pat Toomey		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		1910272.56	

Full Name of Payee Planned Parenthood Pennsylvania Advocates		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 06 / 2016	
Mailing Address 1514 North 2nd Street, Harrisburg,		Amount 937.50	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : B625144
Purpose of Expenditure Consultant: strategy and messaging	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y	
Name of Federal Candidate Pat Toomey		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		1910272.56	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2812.50
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 09 / 08 / 2016	

Full Name of Payee Planned Parenthood Pennsylvania Advocates		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 06 / 2016	
Mailing Address 1514 North 2nd Street, Harrisburg,		Amount 1875.00	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : B625141
Purpose of Expenditure Phone Calls	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y	
Name of Federal Candidate Donald Trump		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		664344.29	

Full Name of Payee Planned Parenthood Pennsylvania Advocates		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 06 / 2016	
Mailing Address 1514 North 2nd Street, Harrisburg,		Amount 937.50	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : B625142
Purpose of Expenditure Consultant: strategy and messaging	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y	
Name of Federal Candidate Donald Trump		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		664344.29	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2812.50
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Deirdre Schifeling

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NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M / D D / Y Y Y Y Y Y 09 / 08 / 2016	

Full Name of Payee Catalist LLC		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 06 / 2016	
Mailing Address 1090 Vermont Ave./Ste. 300		Amount 325.59	
City Washington	State DC	Zip Code 20006	Transaction ID : B625149
Purpose of Expenditure Database Services	Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y	
Name of Federal Candidate Donald Trump		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		664344.29	

Full Name of Payee Community Outreach Group LLC		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 06 / 2016	
Mailing Address 1110 Vermont Ave N.W. #300		Amount 6418.07	
City Washington	State DC	Zip Code 20005	Transaction ID : B625155
Purpose of Expenditure Volunteer Recruitment	Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y	
Name of Federal Candidate Donald Trump		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		664344.29	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	6743.66
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 09 / 08 / 2016	

Full Name of Payee Community Outreach Group LLC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 06 / 2016	
Mailing Address 1110 Vermont Ave N.W. #300		Amount 38508.42	
City Washington	State DC	Zip Code 20005	Transaction ID : B625156
Purpose of Expenditure Phone Calls	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y	
Name of Federal Candidate Donald Trump		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		664344.29	

Full Name of Payee Planned Parenthood Rocky Mountains Action Fund		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 06 / 2016	
Mailing Address 7155 E. 38th Avenue		Amount 1861.67	
City Denver	State CO	Zip Code 80207	Transaction ID : B625170
Purpose of Expenditure Phone Calls	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y	
Name of Federal Candidate Donald Trump		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		664344.29	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	40370.09
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M / D D / Y Y Y Y Y Y 09 / 08 / 2016	

Full Name of Payee Planned Parenthood Rocky Mountains Action Fund		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 06 / 2016	
Mailing Address 7155 E. 38th Avenue		Amount 620.56	
City Denver	State CO	Zip Code 80207	Transaction ID : B625171
Purpose of Expenditure Canvassing	Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y	
Name of Federal Candidate Donald Trump		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		664344.29	

Full Name of Payee Community Outreach Group LLC		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 06 / 2016	
Mailing Address 1110 Vermont Ave N.W. #300		Amount 12836.14	
City Washington	State DC	Zip Code 20005	Transaction ID : B625164
Purpose of Expenditure Canvassing	Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y	
Name of Federal Candidate Donald Trump		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		664344.29	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	13456.70
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M / D D / Y Y Y Y Y Y 09 / 08 / 2016	

Full Name of Payee Planned Parenthood Pennsylvania Advocates		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 06 / 2016	
Mailing Address 1514 North 2nd Street, Harrisburg,		Amount 937.50	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : B625132
Purpose of Expenditure Events	Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y	
Name of Federal Candidate Donald Trump		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		664344.29	

Full Name of Payee Community Outreach Group LLC		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 06 / 2016	
Mailing Address 1110 Vermont Ave N.W. #300		Amount 100000.00	
City Washington	State DC	Zip Code 20005	Transaction ID : B625119
Purpose of Expenditure Canvassing	Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y	
Name of Federal Candidate Donald Trump		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		664344.29	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	100937.50
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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(Schedule E)PAGE 33 OF 36
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NAME OF COMMITTEE (In Full) Planned Parenthood Votes	FEC IDENTIFICATION NUMBER ▼ C C00489799
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 08 / 2016</div> </div>	

Full Name of Payee Planned Parenthood Advocates of Ohio			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 06 / 2016	
Mailing Address 206 E State St.			Amount 6475.07	
City Columbus	State OH	Zip Code 43215	Transaction ID : B625114	
Purpose of Expenditure Canvassing		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Donald Trump		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US	
Calendar Year-To-Date Per Election for Office Sought 664344.29			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Planned Parenthood Advocates of Ohio			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 06 / 2016	
Mailing Address 206 E State St.			Amount 3237.53	
City Columbus	State OH	Zip Code 43215	Transaction ID : B625110	
Purpose of Expenditure Phone Calls		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Donald Trump		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US	
Calendar Year-To-Date Per Election for Office Sought 664344.29			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	9712.60
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 09 / 08 / 2016	

Full Name of Payee Community Outreach Group LLC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 06 / 2016	
Mailing Address 1110 Vermont Ave N.W. #300		Amount 85618.26	
City Washington	State DC	Zip Code 20005	Transaction ID : B625103
Purpose of Expenditure Canvassing	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y	
Name of Federal Candidate Donald Trump		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		664344.29	

Full Name of Payee Planned Parenthood Advocates Mar Monte		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 06 / 2016	
Mailing Address 1605 The Alameda		Amount 1346.85	
City San Jose	State CA	Zip Code 95126	Transaction ID : B625189
Purpose of Expenditure Canvassing	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y	
Name of Federal Candidate Donald Trump		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		664344.29	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	86965.11
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 09 / 08 / 2016	

Full Name of Payee Planned Parenthood Advocates Mar Monte		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 06 / 2016	
Mailing Address 1605 The Alameda		Amount 748.25	
City San Jose	State CA	Zip Code 95126	Transaction ID : B625186
Purpose of Expenditure Phone Calls	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y	
Name of Federal Candidate Donald Trump		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		664344.29	

Full Name of Payee Planned Parenthood Advocates Mar Monte		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 06 / 2016	
Mailing Address 1605 The Alameda		Amount 897.90	
City San Jose	State CA	Zip Code 95126	Transaction ID : B625181
Purpose of Expenditure Volunteer Recruitment	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y	
Name of Federal Candidate Donald Trump		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		664344.29	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1646.15
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M / D D / Y Y Y Y Y Y 09 / 08 / 2016	

Full Name of Payee Planned Parenthood Rocky Mountains Action Fund		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 06 / 2016	
Mailing Address 7155 E. 38th Avenue		Amount 310.27	
City Denver	State CO	Zip Code 80207	Transaction ID : B625178
Purpose of Expenditure Volunteer Recruitment	Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y	
Name of Federal Candidate Donald Trump		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US
Calendar Year-To-Date Per Election for Office Sought 664344.29		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y
Purpose of Expenditure	Category/ Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	310.27
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	1083048.35

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